



Routine Hearing Screening (1 every 24 Mos)

CDHP with H S A Open Choice® (PPO) - District of Columbia

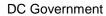
PLAN DESIGN AND BENEFITS

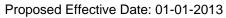
	PLAN DES			
		E INSURANCE COMPAN		
PLAN FEATURES		RED CARE		EFERRED CARE
Deductible (per calendar year)	\$1,250	Individual	\$2,500	Individual
All	\$2,500	Family	\$5,000	Family
All covered expenses accumulate simultaneou	•	•	•	ductible.
Unless otherwise indicated, the Deductible mu	•			
Once Family Deductible is met, all family mem	bers will be	considered as having me	t their Deducti	ble for the remainder of the
calendar year.				
Member Coinsurance	15%		40%	
Applies to all expenses unless otherwise state				
Payment Limit (per calendar year)	\$6,050	Individual	\$6,050	Individual
	\$12,100	Family	\$12,100	Family
All covered expenses accumulate simultaneou	•	•	-preferred Pa	yment Limit.
Certain member cost sharing elements may no		•		
Only those out-of pocket expenses resulting from			centage (exce	ept any deductibles, copays,
and penalty amounts) may be used to satisfy the	•			
Once Family Payment Limit is met, all family m	nembers will	be considered as having	met their Pay	ment Limit for the remainder
of the calendar year.				
Lifetime Maximum				
Unlimited except where otherwise indicated.				
Primary Care Physician Selection	Not applic	able	Not applic	cable
Referral Requirement	None		None	
PREVENTIVE CARE		RED CARE		EFERRED CARE
Routine Adult Physical Exams/	Covered 1	00%; deductible waived	40%; afte	r dedictuble
Immunizations				
1 avan 10 maanth fan Advita Aasa 01 i				
1 every 12 month for Adults Ages 21+				
1 every 12 month for Adults Ages 21+				
1 every 12 month for Adults Ages 21+				
Routine Well Child Exams/ Immunizations	Covered 1	00%; deductible waived	40%; afte	r dedictuble
Routine Well Child Exams/ Immunizations				r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam	ns per year f	or children age 12 up to a	age 21	
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams	ns per year f Covered 1		age 21	r dedictuble r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam	ns per year f Covered 1	or children age 12 up to a 00%; deductible waived	age 21 40%; afte	r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees	ns per year f Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived	age 21 40%; afte 40%; afte	r dedictuble r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine	ns per year f Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived	age 21 40%; afte 40%; afte	r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees	ns per year f Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived	age 21 40%; afte 40%; afte	r dedictuble r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees	ns per year f Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived	age 21 40%; afte 40%; afte	r dedictuble r dedictuble
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees	ns per year f Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived	40%; afte 40%; afte 40%; afte	r dedictuble r dedictuble
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Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees Routine Mammograms	Covered 1 Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived	40%; afte 40%; afte 40%; afte Member of type of se	r dedictuble r dedictuble r dedictuble cost sharing is based on the
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees Routine Mammograms	Covered 1 Covered 1 Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived 00%	40%; afte 40%; afte 40%; afte 40%; afte	r dedictuble r dedictuble r dedictuble r dedictuble cost sharing is based on the ervice performed and the ervice where it is rendered;
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees Routine Mammograms Women's Health	Covered 1 Covered 1 Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived 00%	40%; afte 40%; afte 40%; afte Member of type of seplace of sting, counselir	r dedictuble r dedictuble r dedictuble cost sharing is based on the ervice performed and the ervice where it is rendered; ng for sexually transmitted
Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees Routine Mammograms Women's Health Includes: Screening for gestational diabetes, Hontraceptive methods, sterilization procedure	Covered 1 Covered 1 Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived 00%; deductible waived 00%	Age 21 40%; afte 40%; afte 40%; afte Member of type of se place of sting, counselir Limitations ma	r dedictuble r dedictuble r dedictuble cost sharing is based on the ervice performed and the ervice where it is rendered; and for sexually transmitted by apply.
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Routine Well Child Exams/ Immunizations Unlimited exams for children to age 12; 3 exam Routine Gynecological Care Exams One exam per calendar year. Includes routine Pap Smear and related lab fees Routine Mammograms Women's Health Includes: Screening for gestational diabetes, Houtine Digital Rectal Exam / Prostate- Colorectal Cancer Screening	Covered 1 Covered 1	or children age 12 up to a 00%; deductible waived 00%; deductible waived 00%; deductible waived 00% Papillomavirus) DNA test ucation and counseling. I 00%; deductible waived	Age 21 40%; after 40%;	r dedictuble r dedictuble r dedictuble cost sharing is based on the ervice performed and the ervice where it is rendered; ng for sexually transmitted ay apply. cost sharing is based on the cost sharing is based on the ervice performed and the

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Covered 100%; deductible waived

Not Covered





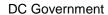


CDHP with H S A Open Choice® (PPO) - District of Columbia

PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - Insured						
PHYSICIAN SERVICES	PREFERRED CARE	NON-PREFERRED CARE				
Office Visits to Non-Specialist (non-surgical)	15% after deductible	40%; after dedictuble				
E-visit to non-Specialist	15% after deductible	40%; after dedictuble				
An e-visit is an online internet consultation betw						
E-visit to Specialist	15% after deductible	40%; after dedictuble				
An e-visit is an online internet consultation between a physician and an established patient about a non-emergency healthcare						
Walk-in Clinics	15% after deductible	40%; after dedictuble				
Walk-in Clinics are network, free-standing healt						
Allergy Testing	Member cost sharing is based on the type of service performed and the	type of service performed and the				
Allergy Injections	Member cost sharing is based on the					
DIAGNOSTIC PROCEDURES	PREFERRED CARE	NON-PREFERRED CARE				
physician's office visit member cost sharing Diagnostic X-ray for Complex Imaging	15% after deductible	40%; after dedictuble				
Diagnostic X-ray for Complex Imaging Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered				
Diagnostic X-ray for Complex Imaging		·				
Diagnostic X-ray for Complex Imaging Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency	Not Covered 15% after deductible	Not Covered Same as preferred care.				
Diagnostic X-ray for Complex Imaging Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE				
Diagnostic X-ray for Complex Imaging Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble				
Diagnostic X-ray for Complex Imaging Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible benefits incurred during a member's in	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery)	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's contact of the second sec	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered MENTAL HEALTH SERVICES	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's of PREFERRED CARE	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble butpatient visit NON-PREFERRED CARE				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's compared the second of the secon	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble butpatient visit NON-PREFERRED CARE Covered same as Inpatient Hospital				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered MENTAL HEALTH SERVICES Inpatient	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's comparison of the preference of	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble outpatient visit NON-PREFERRED CARE Covered same as Inpatient Hospital services.				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered MENTAL HEALTH SERVICES	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's comparison of the preference of	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble outpatient visit NON-PREFERRED CARE Covered same as Inpatient Hospital services.				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered MENTAL HEALTH SERVICES Inpatient The member cost sharing applies to all covered Outpatient The member cost sharing applies to all covered Outpatient The member cost sharing applies to all covered Outpatient The member cost sharing applies to all covered	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible described benefits incurred during a member's in 15% after deductible described Benefits incurred during a member's in 15% after deductible described Benefits incurred during a member's comparison of the preference of the prefere	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble outpatient visit NON-PREFERRED CARE Covered same as Inpatient Hospital services. patient stay 40%; after dedictuble utpatient visit				
Non-Urgent Use of Urgent Care Provider Emergency Room Non-Emergency care in an Emergency Room Ambulance HOSPITAL CARE Inpatient Coverage The member cost sharing applies to all covered Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered MENTAL HEALTH SERVICES Inpatient The member cost sharing applies to all covered Outpatient	Not Covered 15% after deductible Not Covered 15% after deductible PREFERRED CARE 15% after deductible d benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's in 15% after deductible d Benefits incurred during a member's comparison of the preference of	Not Covered Same as preferred care. Not Covered 15% after deductible NON-PREFERRED CARE 40%; after dedictuble patient stay patient stay 40%; after dedictuble outpatient visit NON-PREFERRED CARE Covered same as Inpatient Hospital services. patient stay 40%; after dedictuble				

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Proposed Effective Date: 01-01-2013



CDHP with H S A Open Choice® (PPO) - District of Columbia

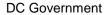
PLAN DESIGN AND BENEFITS

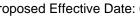
PROVIDED BY AETNA LIFE INSURANCE COMPANY - Insu	ured
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PROVIDED BY A	AETNA LIFE INSURANCE COMPANY :	· Insured
Outpatient	15% after deductible	40%; after dedictuble
Includes treatment facility services		
The member cost sharing applies to all Covered	d Benefits incurred during a member's o	utpatient visit
Treatment Facility Inpatient	15% after deductible	40%; after dedictuble
Treatment Facility Outpatient	15% after deductible	40%; after dedictuble
The member cost sharing applies to all Covered	d Benefits incurred during a member's o	utpatient visit
OTHER SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility	15%	50%
Home Health Care	15	50%
The member cost sharing applies to all covered		
Private Duty Nursing - Outpatient (Limited to	15% after deductible	50%
Outpatient Short-Term Rehabilitation	15% after deductible	40%
Limited to 60 visits per calendar year.		
Includes speech, physical, and occupational the	rapy.	
Includes habilitative services for covered individ	uals to age 21 for services diagnosed w	rith congenital and genetic birth
Outpatient Speech Therapy		
Outpatient Physical and Occupational	15%	40%
Therapy		
Habilitative Services	Member cost sharing is based on the	Member cost sharing is based on the
Unlimited treatment for children under age 21 w	ith congenital or genetic birth defects to	enhance the child's ability to function
Spinal Manipulation Therapy	15% after deductible	40%
Durable Medical Equipment	5%	50%
Maximum annual benefit of \$10,000 per member	er per calendar year	
Transplants	5% Preferred coverage is provided at	50% Non-Preferred coverage is
Bariatric	Covered same as Preferred Inpatient	
The member cost sharing applies to all covered	·	
FAMILY PLANNING	PREFERRED CARE	NON-PREFERRED CARE
Comprehensive Infertility Services		
Coverage includes Artificial Insemination (limite		
The full cost of the drug is applied to the deduct	ible before any benefits are considered	for payment under the pharmacy plan.
Retail	\$5 copay for generic drugs, \$10 copay	50% of submitted cost after \$5 copav
	for formulary brand-name drugs, and	
Mandatory Generic with DAW override (MG	for formulary brand-name drugs, and \$25 copay for non-formulary brand-	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25
Mandatory Generic with DAW override (MG verguires brand, member would pay brand name	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays t	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician
·	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays to copay. If the member requests brand-	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name	for formulary brand-name drugs, and \$25 copay for non-formulary brand-N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the state of the stat	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays to copay. If the member requests brand- erence between the generic price and the copay for formulary brand-name	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name member pays the applicable copay plus the difference of the copay plus	for formulary brand-name drugs, and \$25 copay for non-formulary brand-N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna RX	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the se brand-name price.
requires brand, member would pay brand name member pays the applicable copay plus the different mail Order	for formulary brand-name drugs, and \$25 copay for non-formulary brand- N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the
requires brand, member would pay brand name member pays the applicable copay plus the difference of the copay plus	for formulary brand-name drugs, and \$25 copay for non-formulary brand-N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna RX	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the se brand-name price.
requires brand, member would pay brand name member pays the applicable copay plus the different mail Order	for formulary brand-name drugs, and \$25 copay for non-formulary brand-N/DAW Override) - the member pays to copay. If the member requests branderence between the generic price and the copay for formulary brand-name drugs, and \$120 copay for non-formulary brand-name drugs up to a 31-90 day supply from Aetna RX	for generic drugs, \$10 copay for formulary brand-name drugs, and \$25 ne applicable copay. If the physician name when a generic is available, the se brand-name price.

After effective date: Full Postponement

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Proposed Effective Date: 01-01-2013

aetna[®]

CDHP with H S A Open Choice® (PPO) - District of Columbia PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - Insured

For members age 19 or over this plan imposes a pre-existing condition exclusion, which may be waived in some Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-982-3862. If your plan is governed by ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.• Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. . Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility. If you require language assistance from an Aetna representative, please call Member Services' multilingual hotline at 1-888-982-3862 (140 languages are available. You must ask for an interpreter). TDD 1-800-628-3323 (hearing impaired only). Si necesita asistencia lingüística de un representante de Aetna, contamos con una línea directa de Servicios a Miembros disponible en varios idiomas. Comuníquese al 1-888-982-3862 (140 idiomas disponibles. Debe solicitar un intérprete). TDD 1-800-628-3323 (para personas con problemas de audición únicamente).

For more information about Aetna plans, refer to www.aetna.com.

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